

## **Twinbrook Community Recreation Center**

City of Rockville Department of Recreation and Parks

12920 Twinbrook Parkway Rockville, Md. 20851 240-314-8830 Fax: 240-314-8839

## **Facility Rental Application**

Name of Organization:	
Name of Representative:	
Full Address:	
Daytime Phone: Eveni	ng Phone:
Nature of Function:	
Date Requested: Alte	rnative Date:
Time Requested(include set-up & clean up):	
Room(s) Requested (Please Check all that apply):	
Multi-Purpose Room #1(wood) or # 2 (tile)	
Multi-Purpose Room #1 and #2	☐ Gym ☐
Annex	
Number of People Attending:	
Set up Style:(Theatre, Lecture, Other) attached detailed description	
Equipment Requested:	
Applicant Signature:	Date:
For Office Use Only:	
Community Group   City Program	Private  Other
Rate Quoted: Staff Initials: Hold Until: Approved:	
Amount Paid Method of Pa	ayment Date